FEC

STATEMENT OF

FORM 1	ORGANIZATION	
1 Ortivi 1	(See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Bachmann for	Congress	
ADDRESS (number and	PO Box 25950	
(Check if address is changed)		
	Woodbury	MN 55125 - 0950
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	callie@michelebachmann.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	http://www.michelebachmann.com	
2. DATE 0.1	29 / Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00410118	
4. IS THIS STATEM	IENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct	et and complete
Type or Print Name of	Treasurer Callie Wahl	
Signature of Treasurer	Electronically Filed by Callie Wahl	Date 01 / 29 / Y 2010
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTED	·
Off.		
Office Use Only	For further informatio Federal Election Comm Toll Free 800-424-9530	mission FEC FORM 1